

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2960

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3324 Summit Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X / (Specify whether  
In this community 55 years,  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Lena R. Wayne,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married,  
6. (b) Name of husband or wife Charles E. Wayne, 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 24 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 7 hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name J. D. Martin,  
13. Birthplace Kentucky,  
14. Maiden name Corralina Dobbins,  
15. Birthplace Ohio,  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Wayne,  
(b) Address 3324 Summit St., Kansas City, Mo.

17. (a) Burial, (b) Date thereof 8-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 7-31-41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3324 Summit Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st,  
year 1941 hour 3:05 minute a. M.

21. I hereby certify that I attended the deceased from 7/26/41  
to 7/30/41, 1941;  
that I last saw her alive on 7/30/41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death terminal uraemia.

Due to Myocardial disease

Due to Cardio-Renal Insufficiency.

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)  
with edema.

Major findings: Of operations 12/14

Of autopsy 12/18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. Q. Chambers, (M. D. or other) M. D.  
Address 1124 Prof. Bldg. Date signed 7/31/41

Dr. J. G. Chambers.

Prof. Body 1 P.M.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1415

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.